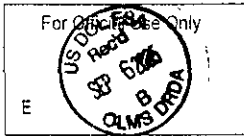


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11045</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Steven M. Powell</u> P.O. Box, Bldg., Room No., if any Street <u>10400 W. Higgins Road Suite 500</u> City <u>Rosemont</u> State <u>Illinois</u> ZIP Code + 4 <u>60018-3705</u>	4. Name, file number, and address of labor organization. Name <u>Local 881 UFCW</u> Labor Organization File Number <u>515-066</u> P.O. Box, Building and Room Number, if any Street <u>10400 W. Higgins Suite 500</u> City <u>Rosemont</u> State <u>Illinois</u> ZIP Code + 4 <u>60018-3705</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>Unknown / No reliable Records Recieved Or Maintained</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/29/05
Date

847-294-5064
Telephone Number

Name of Person Filing _____	File Number U- _____
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW Midwest Health Benefits Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1300 W. Higgins Road Suite 300</u></p> <p>City <u>Park Ridge</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60068-5713</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Union Trustee on Health Benefits Fund That Provides Collectively Bargained Health Benefits To Union Members and Their Beneficiaries</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed Trustee Travel Expenses and Registration Fee To Attend International Foundation Of Employee Benefit Plans Fiduciary Education Conference</p> <p>12.b. Amount. \$1,706.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Intl Foundation of Employee Benefits Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>69</u></p> <p>Street <u>18700 W. Bluemound Road</u></p> <p>City <u>Brookfield</u></p> <p>State <u>Wisconsin</u> ZIP Code + 4 <u>53008-6009</u></p>	<p>14.a. Nature of payment.</p> <p>Reimbursed Expenses as Member of IFEBP Board of Directors</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$2,775.59</p>



August 29, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Dear Sir or Madam:

Enclosed is my amended Labor Organization Officer and Employee Report LM-30 for 2004 reporting period. I initially filed my LM-30 Report on or about August 10, 2005. Since then, I have received additional information that has required me to file this amended Report.

More specifically, as later reported to me by the International Foundation of Employee Benefit Plans, of which I am an officer, the correct amount of reimbursement received for travel, hotel and per diem expenses for attendance at March 2004 Board and committee meetings was \$2700.59. In addition, it has been reported to me that the Foundation attributed \$75.00 to me as the value of hosted events at these meetings, without regard to whether I actually attended the events or whether I consumed anything. While, I do not have any independent records or recollection to verify this attribution, I have, nonetheless, amended my LM-30 Report to reflect all of the above the above matters.

As DOL provides additional guidance on LM-10 filing obligations, which to date it has not, there may be further amendments to my LM-30 Report as more reliable information is provided to me. In the meantime, the enclosed Report contains my continuing good faith effort to comply with the LM-30 reporting obligations based on the advice of legal counsel.

Sincerely,


Steven M. Powell